

EMERGENCY MEDICAL SERVICES BUREAU PATIENT CARE REPORT (PCR) INSTRUCTIONS

Authority:

Idaho Code § 56-1016

Rules Governing Emergency Medical Services: IDAPA16.02.03.300

This Patient Care Report Instruction Manual applies to completion of Patient Care Report Forms by providers of Emergency Medical Care following response to a call by transport and non-transport agencies. Agencies and providers should refer to this instruction manual for completion of bubble forms and electronic submission forms.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Idaho EMS Patient Care Report

General Instructions

The Idaho Emergency Medical Services Patient Care Report (PCR) forms were developed to assist agencies with required data submission by fulfilling several needs. There are two styles of forms available, a one-page form and a multi-page form. The instructions in this document can be applied to both styles of PCR forms. The multi-page form has additional carbon copies that can be left at the hospital or used for billing purposes.

If you have any questions about completion of your form, contact your Regional Consultant

East Office 208-525-7047

North Office 208-769-1585

North Central Office 208-799-4390

Southwest Office 208-334-4633

South Central Office 208-736-2162

or PCR Technical Record Specialist at the EMS Bureau (208-334-4000)

When completing a PCR form:

Use a dark pen, pencil, or fine point marker.

1. Do not use **RED PEN, RED PENCIL, or RED MARKER**. The scanner does not read red ink.
2. Use **ONE PCR** form for each patient. Report only that patient's injuries.
3. Zeros cannot be left out of times or codes. Leaving the bubble blank will result in computer rejection.
4. If a section does not apply, leave it blank. (See page 6 Cancelled Calls)
5. Send the **ORIGINAL** form to:
Idaho Emergency Medical Services Bureau
590 W. Washington
Boise, Idaho 83702
6. If food, drink, dirt, or other substances get on the PCR form, please transfer the information to a new form.
7. **DO NOT STAPLE, FOLD, or TEAR the PCR** or it will not scan properly and will be returned.

8. Fill in the bubbles completely. "Doughnuts", circles, X's or dashes are not accurately scanned and should not be used.

CORRECT

AGENCY #			
8	7	0	5
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

INCORRECT

AGENCY #			
8	7	0	5
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Code Numbers

The following fields require code numbers:

- County – required code
- Hospital – used by agency transporting patient
- Law Enforcement – used when law enforcement is on scene

You can find code numbers that are to be used on the PCR form in the following locations:

- One page PCR form – the back of the form
- Multi-page PCR form – on the white and green page in the middle of the form

DOUBLE-CHECKING YOUR FORM

Fields Requiring Completion

REQUIRED FIELDS WHEN PATIENT CONTACT HAS OCCURRED

FIELD NAME	Pg #
<input type="checkbox"/> AGENCY NUMBER/UNIT NUMBER	9
<input type="checkbox"/> DATE	9
<input type="checkbox"/> TIMES	
DISPATCH	10
ENROUTE	10
ARRIVE SCENE	10
PT CONTACT	10
DEPART SCENE	
Completed by Transport Agencies only	10
ARRIVE DESTINATION	
Completed by Transport Agencies only if patient is transported	10
RETURN SERVICE	10
<input type="checkbox"/> TYPE OF CALL	11
<input type="checkbox"/> LOCATION OF CALL	11
<input type="checkbox"/> COUNTY	11
<input type="checkbox"/> OBSERVED/REPORTED CONDITION	11
<input type="checkbox"/> GENDER	11
<input type="checkbox"/> AGE	12
<input type="checkbox"/> TREATMENT	12
<input type="checkbox"/> RESPONSE OUTCOME	13
<input type="checkbox"/> DESTINATION DETERMINATION	
Completed by Transport Agency if transport occurs	13
<input type="checkbox"/> RECEIVING FACILITY	
Completed by Transport Agency if transport occurs	13
<input type="checkbox"/> CREW CERTIFICATION	14
<input type="checkbox"/> DATE OF BIRTH	14

REQUIRED FIELDS IF YOU ARE CANCELLED PRIOR TO ARRIVAL

FIELD NAME	Pg. #
<input type="checkbox"/> AGENCY NUMBER/UNIT NUMBER	9
<input type="checkbox"/> DATE	9
<input type="checkbox"/> DISPATCH TIME	10
<input type="checkbox"/> ENROUTE TIME Can be omitted if you were cancelled prior to leaving quarters	10
<input type="checkbox"/> RETURN SERVICE	10
<input type="checkbox"/> TYPE OF CALL	11
<input type="checkbox"/> LOCATION OF CALL	11
<input type="checkbox"/> COUNTY	11
<input type="checkbox"/> GENDER	11
<input type="checkbox"/> RESPONSE OUTCOME	13
<input type="checkbox"/> CREW CERTIFICATION	14

REQUIRED FIELDS IF PATIENT REFUSES TREATMENT (NO ASSESSMENT/NO TREATMENT)

FIELD NAME	Pg. #
<input type="checkbox"/> AGENCY NUMBER/UNIT NUMBER	9
<input type="checkbox"/> DATE	9
<input type="checkbox"/> DISPATCH TIME	10
<input type="checkbox"/> ENROUTE TIME	10
<input type="checkbox"/> ARRIVE SCENE	10
<input type="checkbox"/> PT CONTACT	10
<input type="checkbox"/> RETURN SERVICE	10
<input type="checkbox"/> TYPE OF CALL	11
<input type="checkbox"/> LOCATION OF CALL	11
<input type="checkbox"/> COUNTY	11
<input type="checkbox"/> GENDER	11
<input type="checkbox"/> AGE	12
<input type="checkbox"/> RESPONSE OUTCOME	13
<input type="checkbox"/> CREW CERTIFICATION	14
<input type="checkbox"/> DATE OF BIRTH	14

REQUIRED FIELDS WHEN ON STANDBY

FIELD NAME	Pg. #
<input type="checkbox"/> AGENCY NUMBER/UNIT NUMBER	9
<input type="checkbox"/> DATE	9
<input type="checkbox"/> DISPATCH TIME	10
<input type="checkbox"/> ENROUTE TIME	10
<input type="checkbox"/> ARRIVE SCENE	10
<input type="checkbox"/> RETURN SERVICE	10
<input type="checkbox"/> TYPE OF CALL	11
<input type="checkbox"/> LOCATION OF CALL	11
<input type="checkbox"/> COUNTY	11
<input type="checkbox"/> RESPONSE OUTCOME	13
<input type="checkbox"/> CREW CERTIFICATION	14

What does my agency do with the PCR after it is completed?

- The forms must be submitted on a quarterly basis.
- Monthly submission of forms is recommended.
- Idaho Emergency Medical Services quarters are based on the calendar year and the following months make up each quarter: January-March, April-June, July-September, and October-December.
- Agencies with larger call volumes are encouraged to submit more frequently.
- If any of your scanned or electronic data is rejected, a report listing the errors (Exception Report) will be returned with your rejected PCRs.
- Please correct the data returned to you and resubmit them for rescanning.

IDAHO PATIENT CARE REPORT FORMS

FIELD DEFINITIONS

**Agency #
(Required Field)**

The state-assigned provider number of the responding agency.

AGENCY			
1	1	1	5
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Unit #
(Required Field)**

The unique physical vehicle number of the responding unit.

If your agency uses a three digit numbering system, use the last two digits of the unit ID. If an agency has only 1 vehicle with a single digit identifier, use 0 in front of that identifier.

Example: 451 would be:

UNIT			
4	5	1	0
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Date of Incident
(Required Field)**

The date the phone rings (911) call to public safety answering point or other designated entity requesting EMS services.

DATE			
01	01	01	01
02	02	02	02
03	03	03	03
04	04	04	04
05	05	05	05
06	06	06	06
07	07	07	07
08	08	08	08
09	09	09	09
10	10	10	10
11	11	11	11
12	12	12	12

RESPONSE TIMES ARE TO BE FILLED IN USING MILITARY TIME

Midnight (12:00) a.m. is coded 2400

(12:01) a.m. is coded 0001

DISPATCH	ENROUTE	ARRIVE SCENE	PT. CONTACT	DEPART SCENE	ARRIVE DEST.	RETURN SERVICE
MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME
0000	0000	0000	0000	0000	0000	0000
0001	0001	0001	0001	0001	0001	0001
0002	0002	0002	0002	0002	0002	0002
0003	0003	0003	0003	0003	0003	0003
0004	0004	0004	0004	0004	0004	0004
0005	0005	0005	0005	0005	0005	0005
0006	0006	0006	0006	0006	0006	0006
0007	0007	0007	0007	0007	0007	0007
0008	0008	0008	0008	0008	0008	0008
0009	0009	0009	0009	0009	0009	0009
0010	0010	0010	0010	0010	0010	0010
0011	0011	0011	0011	0011	0011	0011
0012	0012	0012	0012	0012	0012	0012
0013	0013	0013	0013	0013	0013	0013
0014	0014	0014	0014	0014	0014	0014
0015	0015	0015	0015	0015	0015	0015
0016	0016	0016	0016	0016	0016	0016
0017	0017	0017	0017	0017	0017	0017
0018	0018	0018	0018	0018	0018	0018
0019	0019	0019	0019	0019	0019	0019
0020	0020	0020	0020	0020	0020	0020
0021	0021	0021	0021	0021	0021	0021
0022	0022	0022	0022	0022	0022	0022
0023	0023	0023	0023	0023	0023	0023
0024	0024	0024	0024	0024	0024	0024
0025	0025	0025	0025	0025	0025	0025
0026	0026	0026	0026	0026	0026	0026
0027	0027	0027	0027	0027	0027	0027
0028	0028	0028	0028	0028	0028	0028
0029	0029	0029	0029	0029	0029	0029
0030	0030	0030	0030	0030	0030	0030
0031	0031	0031	0031	0031	0031	0031
0032	0032	0032	0032	0032	0032	0032
0033	0033	0033	0033	0033	0033	0033
0034	0034	0034	0034	0034	0034	0034
0035	0035	0035	0035	0035	0035	0035
0036	0036	0036	0036	0036	0036	0036
0037	0037	0037	0037	0037	0037	0037
0038	0038	0038	0038	0038	0038	0038
0039	0039	0039	0039	0039	0039	0039
0040	0040	0040	0040	0040	0040	0040
0041	0041	0041	0041	0041	0041	0041
0042	0042	0042	0042	0042	0042	0042
0043	0043	0043	0043	0043	0043	0043
0044	0044	0044	0044	0044	0044	0044
0045	0045	0045	0045	0045	0045	0045
0046	0046	0046	0046	0046	0046	0046
0047	0047	0047	0047	0047	0047	0047
0048	0048	0048	0048	0048	0048	0048
0049	0049	0049	0049	0049	0049	0049
0050	0050	0050	0050	0050	0050	0050
0051	0051	0051	0051	0051	0051	0051
0052	0052	0052	0052	0052	0052	0052
0053	0053	0053	0053	0053	0053	0053
0054	0054	0054	0054	0054	0054	0054
0055	0055	0055	0055	0055	0055	0055
0056	0056	0056	0056	0056	0056	0056
0057	0057	0057	0057	0057	0057	0057
0058	0058	0058	0058	0058	0058	0058
0059	0059	0059	0059	0059	0059	0059
0060	0060	0060	0060	0060	0060	0060
0061	0061	0061	0061	0061	0061	0061
0062	0062	0062	0062	0062	0062	0062
0063	0063	0063	0063	0063	0063	0063
0064	0064	0064	0064	0064	0064	0064
0065	0065	0065	0065	0065	0065	0065
0066	0066	0066	0066	0066	0066	0066
0067	0067	0067	0067	0067	0067	0067
0068	0068	0068	0068	0068	0068	0068
0069	0069	0069	0069	0069	0069	0069
0070	0070	0070	0070	0070	0070	0070
0071	0071	0071	0071	0071	0071	0071
0072	0072	0072	0072	0072	0072	0072
0073	0073	0073	0073	0073	0073	0073
0074	0074	0074	0074	0074	0074	0074
0075	0075	0075	0075	0075	0075	0075
0076	0076	0076	0076	0076	0076	0076
0077	0077	0077	0077	0077	0077	0077
0078	0078	0078	0078	0078	0078	0078
0079	0079	0079	0079	0079	0079	0079
0080	0080	0080	0080	0080	0080	0080
0081	0081	0081	0081	0081	0081	0081
0082	0082	0082	0082	0082	0082	0082
0083	0083	0083	0083	0083	0083	0083
0084	0084	0084	0084	0084	0084	0084
0085	0085	0085	0085	0085	0085	0085
0086	0086	0086	0086	0086	0086	0086
0087	0087	0087	0087	0087	0087	0087
0088	0088	0088	0088	0088	0088	0088
0089	0089	0089	0089	0089	0089	0089
0090	0090	0090	0090	0090	0090	0090
0091	0091	0091	0091	0091	0091	0091
0092	0092	0092	0092	0092	0092	0092
0093	0093	0093	0093	0093	0093	0093
0094	0094	0094	0094	0094	0094	0094
0095	0095	0095	0095	0095	0095	0095
0096	0096	0096	0096	0096	0096	0096
0097	0097	0097	0097	0097	0097	0097
0098	0098	0098	0098	0098	0098	0098
0099	0099	0099	0099	0099	0099	0099
0100	0100	0100	0100	0100	0100	0100

Dispatch Time

(Required Field)

The time the responding unit was notified by dispatch.

Enroute Time

(Required Field)

The time the unit responded: that is, the time the vehicle started moving.

Arrive Scene

(Required if patient contact)

Time that the EMS unit stopped physical motion at scene or staging site.

Patient Contact

(Required if patient contact)

The Time the response personnel arrive at the patient's side.

Depart Scene

(Required if patient contact and transport)

The time the responding unit left the scene (started moving).

Arrive Destination

(Required if patient contact and transport)

The time the responding unit arrived with the patient at the destination or transfer point. **(Transport Agency only)**

Return to Service

(Required Field)

The time the unit was back in service and available for response (finished with call, but not necessarily back in home location).

"Walk-In Times"

Dispatch, Enroute, Arrive Scene, and Pt. Contact Times will all be the same if you receive a walk-in patient at your agency or while on Standby at a public event.

Type of Call
(Required Field)

Indicates nature of call found upon arrival at scene.

(Choose One) See detailed definitions on page 15

(One Patient Per Report)

TYPE OF CALL (Mark One Only)

<input type="radio"/> MVC-Traffic	<input type="radio"/> Fire/Burn
<input type="radio"/> MVC-	<input type="radio"/> Machinery
<input type="radio"/> Non-Traffic	<input type="radio"/> Medical
<input type="radio"/> Motorcycle	<input type="radio"/> Shooting
<input type="radio"/> Pedestrian	<input type="radio"/> Stabbing
<input type="radio"/> Bicycle	<input type="radio"/> Sex Assault
<input type="radio"/> Aircraft	<input type="radio"/> Other Assault
<input type="radio"/> Alcohol/Drug	<input type="radio"/> Toxic Exposure
<input type="radio"/> Bite/Sting	<input type="radio"/> Watercraft
<input type="radio"/> Drown/Near	<input type="radio"/> Other Trauma
<input type="radio"/> Electrical	<input type="radio"/> Other
<input type="radio"/> Fall	

Location of Call
(Required Field)

The kind of location where the incident happened.

(Choose one) See detailed definitions on page 17

LOCATION OF CALL
(Mark One Only)

<input type="radio"/> Pt. Residence	<input type="radio"/> Religious Facility
<input type="radio"/> Residence	<input type="radio"/> Education Facility
<input type="radio"/> Hwy. 2-65 MPH	<input type="radio"/> Hospital
<input type="radio"/> Dtn. Paved Rd.	<input type="radio"/> Other/Dry Office
<input type="radio"/> Unpaved Road	<input type="radio"/> Exd. Care Fc.
<input type="radio"/> Office/Business	<input type="radio"/> Trng. Camp
<input type="radio"/> Store/Mall	<input type="radio"/> Lake/Reservoir
<input type="radio"/> Bar/Restaurant	<input type="radio"/> River
<input type="radio"/> Hotel/Motel	<input type="radio"/> Swimming Pool
<input type="radio"/> Farm/Ranch	<input type="radio"/> Forest
<input type="radio"/> Indust./Manuf.	<input type="radio"/> Public Area
<input type="radio"/> Mine/Quarry	<input type="radio"/> Other

County
(Required Field)

The county or parish where the patient was found or to which the unit responded (or best approximation).

COUNTY

1	2	3	4	5	6	7	8	9	0

Observed/Reported Condition

Provider's clinical impression, mark all that are observed by EMS responder or reported by the patient.

Mark all that apply

OBSERVED/REPORTED CONDITION
Mark all that are observed by EMS responder or reported by patient.

<input type="checkbox"/> Airway Obstruction	<input type="checkbox"/> Exposure - Cold	<input type="checkbox"/> Substance Ingestion
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Exposure - Heat	<input type="checkbox"/> Trauma - Blunt
<input type="checkbox"/> Altered LOC	<input type="checkbox"/> Exposure - Toxic	<input type="checkbox"/> Trauma - Penetrating
<input type="checkbox"/> Deafness	<input type="checkbox"/> Fever	<input type="checkbox"/> Trauma - Skin Surface
<input type="checkbox"/> Bleeding - Body Surface	<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Bleeding - Body Orifice	<input type="checkbox"/> Nausea	<input type="checkbox"/> Weakness
<input type="checkbox"/> Breathing Difficulty	<input type="checkbox"/> Pain - Body	<input type="checkbox"/> None
<input type="checkbox"/> Breathing Rapidly	<input type="checkbox"/> Pain - Extremity	<input type="checkbox"/> Other
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Paralysis	
<input type="checkbox"/> Cardiac Symptoms	<input type="checkbox"/> Respiratory Arrest	
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Seizure	
<input type="checkbox"/> Dehydration	<input type="checkbox"/> Shock	
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Stroke	

GENDER
☐ Female
☐ Male

Gender

The patient's gender.

(Choose One)

GENDER	
<input type="radio"/> Female	<input type="radio"/> Male

Age

The patient's age (either calculated from date of birth or best approximation). The "M" and "D" bubbles represent "Month" and "Day". If patient is 100 years or older, mark 99 for age and record actual age in narrative.

AGE	
<input type="text"/>	<input type="text"/>

DNR Order

Defines the status of a Comfort One DNR order.

Located in the top left hand corner of the treatment box.

TREATMENT		
DNR Order? <input type="radio"/> YES <input type="radio"/> NO		
Airway/O ₂	Cardiac	Other
Assessment	CPR	Blood Control
Abdom. Thrust	Cardiac Monitor	Blood Draw
Airway Clear	Cardiac Pacing	Burn Care
Airway Opened	Cardioversion	Extraction
Airway-Oxygen	Defibrillation	Irrigation
Airway-Neoscorel	SAED	MAST
Artif. Ventilation	Thumper	Mon. Vitals
Back Blows	IV/Meds	OB Delivery
BVM	IV-Ext. Jug.	Restraints
Cricothyrotomy	IV-Intraosc.	Spinal Immob.
EQ/VEGTA	IV-Peripheral	Spinal Extm.
Infub.-Nasal	Med. Admin.	Suction
Infub.-Oral	Med. Assist	Other ALS
Oxygen	Oral Glucose	None

Treatment

Indication of treatment or procedure performed on patient.

Mark all that apply.

TREATMENT		
DNR Order? <input type="radio"/> YES <input type="radio"/> NO		
Airway/O ₂	Cardiac	Other
Assessment	CPR	Blood Control
Abdom. Thrust	Cardiac Monitor	Blood Draw
Airway Clear	Cardiac Pacing	Burn Care
Airway Opened	Cardioversion	Extraction
Airway-Oxygen	Defibrillation	Irrigation
Airway-Neoscorel	SAED	MAST
Artif. Ventilation	Thumper	Mon. Vitals
Back Blows	IV/Meds	OB Delivery
BVM	IV-Ext. Jug.	Restraints
Cricothyrotomy	IV-Intraosc.	Spinal Immob.
EQ/VEGTA	IV-Peripheral	Spinal Extm.
Infub.-Nasal	Med. Admin.	Suction
Infub.-Oral	Med. Assist	Other ALS
Oxygen	Oral Glucose	None

Response Outcome
(Required Field)

End result of EMS Response as it applies to each individual agency.

(Choose One) See detailed definitions on page 19

NON-TRANSPORT

Treat, Transp. by: ☐ Cancelled
☐ Other EMS Grnd ☐ Pt. Refused
☐ Other EMS Acc ☐ False Call
☐ Law Enforcement ☐ No Pt. Found
☐ P.O.V. ☐ Standby
☐ Treat, No Transp. ☐ D.O.A.

THIS AGENCY/UNIT TRANSPORTED TO:

☐ Hospital ☐ Home
☐ Extd. Care Fac. ☐ EMS Rendezvous
☐ Dr's Office/Clinic ☐ Other
☐ Morgue/Mortuary

Destination Determination

The reason the unit chose to deliver or transfer the patient to the destination.

(Choose One) This code is for the transporting agency. See detailed definitions on page 20

DESTINATION DETERMINATION

☐ Closest Facility
☐ Pt/Family Req.
☐ Physician Req.
☐ Managed Care
☐ Protocol
☐ Specialty Center
☐ Diversion
☐ Other

Receiving Facility

A three digit code for hospital or care facility that received the patient from EMS responder providing this record.

This code is for the transporting agency.

RECEIVING FACILITY

0 1 2 3 4 5 6 7 8 9

Trauma ID #

The unique number associated with the local or state trauma registry which can be used for linkage at a later date.

Detailed information on page 21

TRAUMA ID #

00

0 1 2 3 4 5 6 7 8 9

Crew Certification The State Certification/Licensure assigned to the crew member.
See detailed definitions on page 22

A vertical form titled 'CREW CERTIFICATION' with a grid of checkboxes. The grid has 4 columns labeled '1', '2', '3', and '4' and 10 rows labeled 'A' through 'J'. Each cell contains a checkbox and a small number (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).

Law Enforcement Agency # The unique number associated with the law enforcement or crash report which can be used for linkage at a later date.
Required for vehicle related calls.

A vertical form titled 'LAW ENF. AGENCY #' with a grid of checkboxes. The grid has 4 columns labeled '1', '2', '3', and '4' and 10 rows labeled 'A' through 'J'. Each cell contains a checkbox and a small number (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).

Occupant Seating The position of the patient in seat of the vehicle at the time of the crash.
Required for vehicle related calls, mark only one. Details on page 22

A form titled 'SEATING (Mark One Only)' with two columns: 'Vehicle' and 'Motorcycle'. Below each column is a grid of checkboxes. The 'Vehicle' column has 10 rows labeled '1' through '10'. The 'Motorcycle' column has 2 rows labeled '1' and '2'. Below the grids is a legend with 10 items: 'Oth. Encl. Area Non-Training Unit', 'Unencl. Area Non-Training Unit', 'Riding on Veh. Ext. Non-Training Unit', 'Sleeper Section (Truck Cab)', 'Trailing Unit', 'Pedalcycle', 'Pedestrian', 'Unk.', and 'Other'.

Patient Date of Birth The patient's date of birth. Required when patient contact has taken place. It may be necessary to obtain DOB from other agencies on scene, i.e., law enforcement, other healthcare providers, or family members.
Use "999" in the last three columns of the DOB, only if the information is unobtainable from these sources.

A form titled 'PT. DATE OF BIRTH' with a grid of checkboxes. The grid has 4 columns labeled 'D', 'M', 'Y', and '9' and 10 rows labeled '1' through '10'. Each cell contains a checkbox and a small number (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).

DETAILED FIELD DEFINITIONS

TYPE OF CALL FIELD

Choose one

(One Patient Per Report)

TYPE OF CALL (Mark One Only)	
<input type="radio"/> MVC-Traffic	<input type="radio"/> Fire/Burn
<input type="radio"/> MVC-	<input type="radio"/> Machinery
<input type="radio"/> Non-Traffic	<input type="radio"/> Medical
<input type="radio"/> Motorcycle	<input type="radio"/> Shooting
<input type="radio"/> Pedestrian	<input type="radio"/> Stabbing
<input type="radio"/> Bicycle	<input type="radio"/> Sex Assault
<input type="radio"/> Aircraft	<input type="radio"/> Other Assault
<input type="radio"/> Alcohol/Drug	<input type="radio"/> Toxic Exposure
<input type="radio"/> Bite/Sting	<input type="radio"/> Watercraft
<input type="radio"/> Drown/Near	<input type="radio"/> Other Trauma
<input type="radio"/> Electrical	<input type="radio"/> Other
<input type="radio"/> Fall	

MVC-Traffic

This includes any motor vehicle accident occurring on a public roadway or highway.

MVC-Non-Traffic

Any motor vehicle accident occurring off public roadways. Example: An accident involving an ATV in an off-road location would be a non-traffic accident. This includes snowmobiles and other off road vehicle(s). The only exception is for motorcycles.

Motorcycle

Any motorcycle accident occurring on or off any paved road.

Pedestrian

An accident in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, etc.

Bicycle

Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and excludes any motorized cycles.

Aircraft

Any accident that involves motorized or non-motorized aircraft. This includes spacecraft.

Alcohol/Drug

Includes alcohol or drug ingestions, overdoses, or accidental ingestions.

Bite/Sting

All animal bites, including spiders, snakes, and lizards. Stings include scorpions, insects, marine life, or plants.

Drown/Near

Accidental drowning/near drowning, not related to watercraft use. Includes: swimming, accident, bathtubs, canals, rivers, lakes, etc.

Electrical

Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, open socket, etc.

Fall

Any fall that occurred when the patient was at ground level or higher. This excludes falling from watercraft or machinery in operation.

Fire/Burn	Includes thermal injuries related to weather, man, or chemicals. Includes burning by fire, asphyxis, or poisoning from inhaling fire-related fumes, and fires due to secondary explosions or lightening strikes.
Machinery	Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.
Medical	Any call that is not trauma related. This includes interfacility transports, cardiac patients, labor/child birth, asthmatic calls, code blues, respiratory difficulties, etc.
Shooting	Any incident involving a firearm, whether it is accidental or intentional.
Stabbing	Includes cuts, punctures, or stabs to any part of the body, whether it is accidental or intentional.
Sex Assault	Refers to reported sexual assault/rape.
Other Assault	Physical assault inflicted by another individual.
Toxic Exposure	Includes accidental poisoning by solid or liquid substances, gases, or vapors.
Watercraft	Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are watercraft related. Thus, if a person falls out of a boat and drowns, it should be coded within this category.
Other Trauma	Any trauma accident that is not listed in the above categories.
Other	Should not have to be used except in very rare circumstances. If you have questions, contact your Regional Consultant or PCR Technical Record Specialist at the EMS Bureau.

LOCATION OF CALL DEFINITIONS

Choose one

Pt Residence	The residence where the patient resides
Residence	A residence in which a patient is located, but does not live there. Ex: Grandma is visiting.
Hwy ≥ 55 MPH	A highway where the posted speed limit is equal to or greater than 55 MPH.
Oth. Paved Road	An established roadway that is paved where the posted speed limit is < 55 MPH.
Unpaved Road	A pre-existing road that is unpaved.
Office/Business	A public office or business where day-to-day work takes place. This excludes stores, malls, clinics and hospitals.
Store/Mall	Any facility where purchasing of stock on hand takes place.
Bar/Restaurant	A public eating place that serves alcoholic beverages and or food.
Hotel/Motel	An establishment that provides lodging.
Farm/Ranch	Includes out buildings and land under cultivation. Excludes primary residence on the farm.
Indust./Manuf.	Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), warehouse, and workhouse.
Mine Quarry	Includes gravel pit, sand pit, or tunnel under construction.
Religious Facility	A building of worship.
Education Facil.	Includes state, public and private schools. This includes sports fields and recreational playgrounds within the facility.
Hospital	An institution where the sick or injured are given medical or surgical care.

Clinical/Dr.'s Office	A facility for diagnosis and treatment of outpatients.
Extd. Care Fac.	An institution devoted to providing medical, nursing, or custodial care for an individual over a prolonged period of time.
Irrig. Canal	An artificial waterway for draining or irrigating land.
Lake/Reservoir	A natural or man-made inland body of water. Excludes swimming pools.
River	A natural stream of water.
Swimming Pool	A man made pool suitable for swimming.
Forest	A dense growth of trees and underbrush covering a large track of land.
Public Area	Includes any building used by the general public, including airport, cinema, bus or railway station, courthouse, jail, prison, police station, fire station, ambulance quarters, park, zoo, fairgrounds, horse track, etc.
Other	Other should not be used unless the location does not fit into any of the other categories. If you have questions, contact your Regional Consultant or PCR Technical Record Specialist at the EMS Bureau.

RESPONSE OUTCOME

Choose one

RESPONSE OUTCOME (Mark One Only)	
NON-TRANSPORT	
<input type="radio"/> Treat, Transp. by _____	<input type="radio"/> Cancelled
<input type="radio"/> Other EMS Grnd	<input type="radio"/> Pt. Refused
<input type="radio"/> Other EMS Air	<input type="radio"/> False Call
<input type="radio"/> Law Enforcement	<input type="radio"/> No Pt. Found
<input type="radio"/> P.O.V.	<input type="radio"/> Standby
<input type="radio"/> Treat, No Transp.	<input type="radio"/> D.O.A.
THIS AGENCY/UNIT TRANSPORTED TO:	
<input type="radio"/> Hospital	<input type="radio"/> Home
<input type="radio"/> Extd. Care Fac.	<input type="radio"/> EMS Rendezvous
<input type="radio"/> Dr's Office/Clinic	<input type="radio"/> Other
<input type="radio"/> Morgue/Mortuary	

- **Non-transporting agencies are limited to the non-transport agency codes in the upper portion of the Response Outcome Field. Transporting agencies may choose from all codes.**

Other EMS Grnd	Your agency treated the patient, and then transferred care for ground transport.
Other EMS Air	Your agency treated the patient, and then transferred care for air transport.
Law Enforcement	Your agency treated the patient, and then transferred to law enforcement for transport.
P.O.V.	Your agency treated the patient, but the patient was transported to a medical facility by private vehicle.
Treat, No Transp.	Your agency treated the patient, but the patient did not require or request transport.
Cancelled	EMS response was cancelled enroute or upon arrival at a scene. This means you had <u>NO</u> patient contact. Do not mark this if you assisted with any portion of patient care.
Pt. Refused	Patient refused treatment and transport. This code is not to be confused with Treat, No Transport, in which assessment and treatment was done but patient refused transport.
False Call	Mark this code for either a prank, malicious call, or one in which the party calling for help shows good intent. Ex: an accidental triggering of a life line alarm, or a backhoe operator who lies down for a nap, and you are dispatched to "a man down".
No Pt. Found	Your agency arrives on location and no patient can be found.
Standby	This code is used when your agency attends an event that could have possible injuries such as a structure fire, athletic event, or law enforcement standby. This code is not to be used if anyone is assessed, treated, or transported.

D.O.A.

The patient was determined to be **dead on arrival**, and no care was initiated.

ADDITIONAL TRANSPORT AGENCY CODES

Hospital

An institution where the sick or injured are given medical or surgical care.

Extd. Care Fac.

An institution devoted to providing medical, nursing, or custodial care for an individual over a prolonged period of time.

**Clinical/Dr.'s
Office**

A facility for diagnosis and treatment of outpatients.

Morgue/Mortuary

A unit within a hospital with facilities for the storage and autopsy of the dead. An establishment that houses the deceased until burial.

Home

The residence where the patient resides.

**EMS
Rendezvous**

This code is used when you transport a patient to a designated location to meet with another EMS agency for further and/or combined care of the patient.

Other

This code should seldom be used. This outcome is available if your call does not fit into any of the above categories. If you are in doubt, contact your Regional Consultant or PCR Technical Record Specialist at the EMS Bureau.

DESTINATION DETERMINATION FIELD DEFINITION

Choose one

DESTINATION
DETERMINATION

☐ Closest Facility

☐ Pt./Family Req.

☐ Physician Req.

☐ Managed Care

☐ Protocol

☐ Specialty Center

☐ Diversion

☐ Other

Closest Facility

Facility chosen as closest appropriate facility for patient care.

Pt./Family Req.

Facility chosen by patient or a member of the patient's family.

Physician Req.

Facility chosen by physician.

Managed Care

Facility chosen due to patient's participation in a managed care insurance plan.

Protocol

Facility specified by protocol. **Do not mark if patient has already asked to go to same facility.**

Speciality Center

Facility that is chosen due to a patient's specialized treatment. Ex: Burn Center, Trauma Center, or Pediatric Center.

Diversion

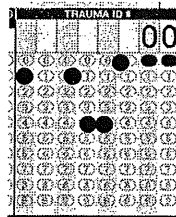
Mark if your agency was diverted to a facility by the original facility.

Other

Facility chosen for any reason other than those listed above by a certified EMT, base hospital, or other responsible party. **This should seldom be used.** If you are in question of its use, contact your Regional Consultant: or PCR technical record specialist at the EMS Bureau.

TRAUMA ID#**Trauma ID#**

The Trauma Identification Bands are fluorescent blue with pre-stamped white numbering. Affix **ONE** band to any trauma patient that meets state protocol. Record the six digit identification number in the Trauma ID # onto the patient's corresponding PCR.



CREW CERTIFICATION

Crew Cert

F – First Responder
B – EMT - Basic
A – Advanced EMT - A
P – EMT Paramedic
RN – Registered Nurse
MD – Medical Doctor
STU – Student
OTH - Other

Darken one oval corresponding to the current level of Idaho certification held by your crewmember. It is possible to have a crewmember that is certified at a higher level than your agency is licensed, but they are restricted to practice at the level of the licensure held by the agency.

If you have a fourth crewmember on a vehicle, leave out the driver or any crewmember that did not participate in patient care.

If you are using the KeyData PCR program and do not have 3 crew members, create and use a non-applicable drop down box in the Personnel Data Entry option under File. Complete the following:

Name – none
 Level – not applicable
 Agency – the name of the agency.

OCCUPANT SEATING/NON SEATING

Occupant Seating

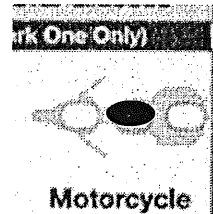
Using the vehicle illustration on the form, mark where the patient was originally located in or on the vehicle. **Darken only one oval.** Remember, one patient per PCR.

Example:

Your patient was located in the 3rd row of an SUV

For motorcyclists, the first oval indicates the handlebars, the second oval indicates the driver's position, and the third oval indicates the passenger's position.

Example:

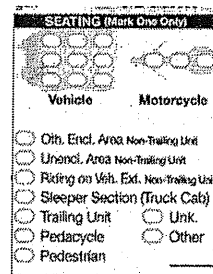


Your patient was the driver of the motorcycle.

Non-Occupant Seating

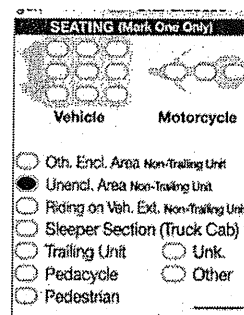
If the patient was located somewhere other than inside the vehicle, darken the appropriate oval under "Non-Occupant Seating". If the patient location was unknown, or the patient could not remember where he/she was located, mark Unknown.

Example:



Your patient was riding on the hood of the vehicle prior to injury.

Example:



Use Psnger. – Unenclosed Non-Trailing Unit for snowmobile and ATV accidents.

